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| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) |    | Application No.        | 09/755,498      |
|   |    | Filing Date            | January 5, 2001 |
|   |    | First Named Inventor   | Michael Yip     |
|   |    | Group Art Unit         | 2152            |
|   |    | Examiner Name          | unassigned      |
| Total Number of Pages in This Submission  | 31 | Attorney Docket Number | 2717P030        |

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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | Donna Jo Coningsby, Reg. No. 41,684<br>BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature                                  |   |
| Date                                       | February 15, 2002   |

| CERTIFICATE OF MAILING/TRANSMISSION   |  |                 |                   |
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| <b>FEE TRANSMITTAL</b><br><b>for FY 2002</b><br><small>Patent fees are subject to annual revision.</small> |  | <b>Complete if Known</b> |                 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                            |  | Application Number       | 097755,498      |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 130.00   |  | Filing Date              | January 5, 2001 |
|  |  | First Named Inventor     | Michael Yip     |
|  |  | Examiner Name            | unassigned      |
|  |  | Group/Art Unit           | 2152            |
|  |  | Attorney Docket No.      | 2717P030        |

| <b>METHOD OF PAYMENT (check one)</b>  |          | <b>FEE CALCULATION (continued)</b>       |          |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
|---|----------|--|----------|---|----------|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|-----|------------------------|--|-----|-----|-----|-----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|--|-----|-----|-----|-----|---|--|-----|-----|-----|----|---|--|---------------------|--|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input type="checkbox"/> Deposit Account  |          | <b>3. ADDITIONAL FEES</b>                |          |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| Deposit Account Number: 02-2666<br>Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP   |          |  |          |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| The Commissioner is authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of the application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account   |          |  |          |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| <b>FEE CALCULATION</b>  |          |  |          |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b>  |          |  |          |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4"><b>SUBTOTAL (1)</b></td><td></td><td></td></tr></tbody></table>   |          | Large Entity                             |          | Small Entity  |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101 | 740 | 201 | 370 | Utility filing fee     |  | 106 | 330 | 206 | 165 | Design filing fee                 |  | 107 | 510 | 207 | 255 | Plant filing fee                      |  | 108 | 740 | 208 | 370 | Reissue filing fee                                |  | 114 | 160 | 214 | 80 | Provisional filing fee                                    |  | <b>SUBTOTAL (1)</b> |  |  |  |  |  |  |  |
| Large Entity  |          | Small Entity                             |          | Fee Description   | Fee Paid |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code                                 | Fee (\$) |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| 101   | 740      | 201                                      | 370      | Utility filing fee  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| 106   | 330      | 206                                      | 165      | Design filing fee   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| 107   | 510      | 207                                      | 255      | Plant filing fee  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| 108   | 740      | 208                                      | 370      | Reissue filing fee  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| 114   | 160      | 214                                      | 80       | Provisional filing fee                                    |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>   |          |  |          |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b>  |          |  |          |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| Total Claims: <input type="text"/> Extra Claims: <input type="text"/> Fee from below: <input type="text"/> Fee Paid: <input type="text"/>   |          |  |          |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| Independent Claims: <input type="text"/> Fee Paid: <input type="text"/>   |          |  |          |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| Multiple Dependent: <input type="text"/> Fee Paid: <input type="text"/>   |          |  |          |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
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| Large Entity  |          | Small Entity                             |          | Fee Description   | Fee Paid |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code                                 | Fee (\$) |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| 103   | 18       | 203                                      | 9        | Claims in excess of 20                                    |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| 102   | 84       | 202                                      | 42       | Independent claims in excess of 3                         |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| 104   | 280      | 204                                      | 140      | Multiple Dependent claim, if not paid                     |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| 109   | 84       | 209                                      | 42       | **Reissue independent claims over original patent         |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| 110   | 18       | 210                                      | 9        | **Reissue claims in excess of 20 and over original patent |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| <b>SUBTOTAL (2)</b>   |          |  |          |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
| *or number previously paid, if greater, For Reissues, see below   |          |  |          |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
|   |          | <b>Other fee (specify)</b> _____         |          |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
|   |          | <b>*Reduced by Basic Filing Fee Paid</b> |          |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |
|   |          | <b>SUBTOTAL (3)</b> (\$) 130.00          |          |   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |                     |  |  |  |  |  |  |  |

|                     |                    |                                   |                |
|---------------------|--------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                    | <b>Complete (if applicable)</b>   |                |
| Name (Print/Type)   | Donna Jo Coningsby | Registration No. (Attorney/Agent) | 41,684         |
| Signature           |                    | Telephone                         | (503) 684-6200 |
|                     |                    | Date                              | 02/15/02       |

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